

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Bus Bank</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 04 / 2016</b>		
Mailing Address 820 West Jackson Suite 815			Amount 120635.00		
City Chicago	State IL	Zip Code 60607	Transaction ID : <b>D691806</b>		
Purpose of Expenditure Bus tour expenses		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 22 / 2015</b>		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought		140317.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Alliance Graphics</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 04 / 2016</b>		
Mailing Address 1101 8th Street			Amount 1780.02		
City Berkeley	State CA	Zip Code 94710	Transaction ID : <b>D691807</b>		
Purpose of Expenditure Printing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 28 / 2015</b>		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought		140317.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	122415.02
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 04 / 2016**

Signature